cal' Officer Incharge of Dispensary (Unani) has been upgraded to the level Of Chief Medical Officer from the existing scale of Rs. 2200-4000 to Rs. 3700-5000 and one post of Dy. Adviser has been upgraded from Rs. 3000-5000 to Rs. 3700-5000.

10 Unani physicians have already been promoted as Senior Medical Officer (Unani) against 8 posts of Senior Medical Officer and 2 posts of Chief Medical' Officer/Dy. Adviser (Unani) w.e.f. 5-12-1991, from existing scale of Rs. 2200-4000 to the scale of Rs- 3000-4500. Promotion to higher levels will be possible only when there are eligibe candidates.

Primary health sub-centres in Uttar Pradesh

993. MAULANA OBAIDULLAH KHAN AZMI; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the answer to Unstarred Question 7 given in the Rajya Sabha on the 20th November, 1991 and state:

(a) what are the names of the places in Uttar Pradesh where 21,653 sub-centres have been established as on 1st April, 1990; and

(b) what are the details of plans for setting up such centres in the next few years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THAR A DEVI SIDlDHARTHA): (a) and (b) The information is being collected and will be laid on the Table of the Sabha.

Consttution of sob-committee for family planning

994. SHRIMATI KAMLA SINHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether in view of the phenomenal rise in the country's population growth. Government propose to launch a revised action plan to check the growth of population rate;

(b) if so, what are the details thereof;

(c) whether it is a fact that a sub-committee of the National Development Council for Family Planning has constituted by Government; and

(d) if so, what are its objectives?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) and (to) To import a new dynamism to the Family Welfare Programme an action Plan has already been evolved by the Ministry of Health and Family Welfare and is being operationalised. The Action Plan highlights the need for evolving a national consensus in support of the Family Welfare Programme and to obtain the willing participation of all sections of the society. Its key features include, (1) improving the quality and outreach of family welfare services (2) differential strategy for special focus on 90 .poor performing districts (Birth rate of 39 per thousand population and above as per the 1981 Census). (3) developing a mechanism to make available funds to States/UTs on 'the basis of reduction of actual birth rate, (4) increasing the coverage of younger age couples through vigorous promotion of spacing methods, (5) introducing new contraceptives and improving the quality of contraceptives, (6) strengthening family welfare schemes in urban areas especially in slum pockets. (7) revitalising training activities of medical/para-medical personnel with emphasis on motivational and counselling aspects, (8) sustaining the good work done under the Universal Immunisation Programme and strengthening of other interventions for Maternal and Child Health Care, (9) reorientation of informa, tion, education and communication efforts to focus on the quality of life issues and inter-personal communication (10) involving voluntary and non-governmental organisation in a big way to promote active community participation in the programme, (11) (rearing up of the implementation machinery in the States/UTs and (12) evolving high level inte-sec-toral coordination mechanisms at the national, state and district levels etc.